

Form 4. Application for Allowance of Appeal from the Criminal Division.

DISTRICT OF COLUMBIA COURT OF APPEALS

Applicant

(Address)

No. _____

v.

Respondent

(Address)

**APPLICATION FOR ALLOWANCE OF APPEAL
FROM THE CRIMINAL DIVISION OF THE
SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**
(For use only where penalty is less than \$50)

1. Applicant, being aggrieved by the judgment (order or sentence) entered on the ____ day of _____, 20____, in the Criminal Division of the Superior Court, case number _____, hereby applies for allowance of appeal from the District of Columbia Court of Appeals.
2. The offense charged is _____. Attach a copy of the information. A separate application must be filed for each charge.
3. The name of the trial judge. Please note that you may only seek review in this court of a final decision of a judge; if the decision was made by a magistrate judge, you must first file for review by a judge in the Criminal Division. _____
4. The applicant was found guilty and the penalty imposed was: _____

5. State why the Court of Appeals should accept this application. Specifically, state how the trial court erred in making its decision or what important issue the application raises that the Court of Appeals has not yet decided but should decide. State these points as simply and specifically as possible and include facts and evidence necessary for the court

to consider them. Attach additional pages if necessary:

Applicant/Attorney

Address

Telephone Number

CERTIFICATE OF SERVICE

I hereby certify that I have mailed a copy of this application, postage prepaid, to

this _____ day of _____, 20____.

Applicant/Attorney